

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
DIVISION

FILED

2014 MAY -2 AM 11:35

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF TN

DAVID R. PAYNE

name of plaintiff(s)

v.

Case No.

(to be assigned by clerk)

STATE OF TENNESSEE

TN. CONSOLIDATED RETIREMENT SYSTEM

TN. DEPT. OF TRANSPORTATION

name of defendant(s)

COMPLAINT

1. State the grounds for filing this case in Federal Court (include federal statutes and/or U. S. Constitutional provisions, if you know them):

PREDJUD IN HIRING, DISCRIMINATION IN PROMOTION, PREDJUD IN PROMOTION, PREDJUD AGAINST A DISABLED VETERAN, MALACE WITH INTENT OF INJURY, INJURY, WRONGFULL HARM @ SEE EEOC COMPLAINT / DEPT. OF LABOR COMPLAINT

2. Plaintiff, DAVID R. PAYNE resides at

228 BROWNS GAP RD. CROSSVILLE  
street address city

CUMBERLAND TN 38555 931-788-6374  
county state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

3. Defendant, STATE OF TN. DEPT. OF TRANSPORTATION lives at, or its  
business is located at SUITE 700, JAMES K. POLK BUILDING  
street address  
NASHVILLE, DAVIDSON, TN.  
city county state  
37243  
zip code

(if more than one defendant, provide the same information for each defendant below)

TN. CONSOLIDATED RETIREMENT SYSTEM  
10<sup>TH</sup> FLOOR ANDREW JACKSON BUILDING  
502 DEADERICK STREET  
NASHVILLE, TN. 37243-0201

4. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

LONG TERM DISCRIMINATION FROM  
1984 TO PRESENT TO INCLUDE  
IN FUNDING AT STATE COMMISSION  
LEVELS AND OUTSIDE STATE MEANS.  
SEE EEOC COMPLAINT AND DEPT. OF  
LABOR COMPLAINT.

## 5. Prayers for Relief (list what you want the Court to do):

a. DAMAGES / COURT COSTb. MEDICAL / DENTALc. SPECIAL MEDICALd. ADJUST CAREER PROMOTIONS / RETIREMENTe. Lump sum / WITH PREDSUST.

I (We) hereby certify under penalty of perjury that the above petition is true to the best of my (our) information, knowledge, and belief.

Signed this 2<sup>ND</sup> day of MAY, 192014.

David R. Pay

(signature of plaintiff(s))

① JAY BRUCE SALZMAN

② BILL E. WHITTAKER

MONTEREY, TN.

③ JOHN WAYNE ALLEN  
441 E. BROAD ST., COOKLEVILLE, TN.  
38501

④ STATE OF TENNESSEE  
DEPT. OF HUMAN SERVICES  
DISABILITY DETERMINATION SERVICES  
P.O. Box 265  
NASHVILLE, TN. 37202-0265